Department of Labor & Industries **Employment Standards Program** PO Box 44510 Olympia WA 98504-4510

PLEASE COMPLETE THIS FORM IN FULL

VARIANCE APPLICATION

(Variances must be approved by Labor & Industries to be valid. You will receive an Approved Variance Phone (360) 902-5316 FAX (360) 902-5300 Certificate if this application passes the review.)

WAC 296-125-060 provides that an employer may be granted a variance from specific regulation, by the Department of Labor and The employer must show good cause for lack of compliance with the regulation, and the employees must be advised of the requested

variance. In consideration of granting the requested variance, Labor and Industries will carefully review the following information:

UBI NUMBER FOR THIS LOCATION:

1. Firm name					Telephone number			
					()		
Location address	ss		City			State	ZIP+4	
2. Is firm covered	by the federal Fair Labor Standa	ards Act?						
	Yes No)						
3. Name(s) of min	nors affected			Address			Birth date	
	inor Work Permit regulation for	which variance is r	equested					
WAC-296-12	5-							
WAC-296-12	5-							
WAC-296-125	5-							
5. Proposed altern	native (Specifically state what y	ou want minor(s) to	be able to do. e.g.,	work hours (shifts), total	number of	hours per	day & week, duties, etc.)	
	ULLY COMPLETED COOR LISTED MUST BE				TION F	ORM	(F700-002-000) FOR	
	ts/school been advised of	Do they concur		(The Parent/School A	uthorizat	ion reau	ired to be on file for	
	variance? Yes No		Yes No				proposed exceptions.)	
	ormation and comments to suppo	1 1						
			Print em	ployer name				
Date	Official title		Signature	e of employer				
F700-076-000 va	riance application 5-99		Mail	the completed applic			ress above ttach a separate sheet)	

VARIANCE APPLICATION INFORMATION

The department can only accept Variance applications (also known as Standard Variances) that have been completed in full. Applications not completed in full will be returned to the employer for completion. Following are guidelines for completing the form. They are in number order of the blanks listed on the application.

- 1. The complete business name as shown on the Master business License, location address, city, state, and ZIP code. If the minor is working at a business location other than the location address, please let us know that work location. We MUST have the **UNIFIED BUSINESS IDENTIFIER** (**UBI**) number on this application for the location where the minor is working.
- 2. Is the business engaged in interstate commerce (for example sells goods purchased from another state, accepts credit cards, etc.), or does it gross \$500,000 in business or sales annually? If so, the answer to this question is yes. (If there is a question as to whether this requirement applies, contact the U.S. Department of Labor at (206) 553-4482.)
- 3. We must have the complete name, address, and birth date of the minor(s) for whom you are requesting this variance. If it is a batch variance for any minor, hired at this location, that needs to be stated.
- 4. Which section of the minor work regulations are you requesting the variance for? For example: "027" = Hours of Work; "030" = Prohibited & Hazardous Employment.

List what the employer would like the minor(s) to be able to perform. For example: Work more hours,

work earlier or later hours, duties, etc. (Please list the specific shifts, total number of hours each day, total number of hours each week, specific prohibited duties, etc., you wish the minor(s) to work.)

- 6. The parents and school must be notified of this variance request and concur with the request. The Parent/School authorization form required to be on file for each minor needs to include the proposed exceptions. A copy of this form for each minor listed on the variance must be sent to Labor and
- 7. Explain briefly the reason for this variance request. For example: Minor is self-supporting and needs additional hours, longer hours required to meet business needs, etc. Also, please indicate if the minor is attending school and the minor's school hours.

NOTE: A COPY OF THE COMPLETED PARENT/SCHOOL AUTHORIZATION FORM MUST BE ATTACHED TO THE VARIANCE APPLICATION OR THIS VARIANCE CANNOT CAN BE GRANTED.

Completed Variance Applications and Parent/School Authorization forms may be faxed to (360) 902-5300. If you need the approved Variance Certificate faxed back to your firm, please state so on your cover sheet.

5.

Industries with the application.